

REPORTS INVENTORY						CONTROL NO. DDS/OF-004	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (If a fill-in report include Form No.) Report of Records Destroyed						2. TYPE OF REPORT <input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		ADMIN. GENERAL	
		LOGISTICS		SECURITY		OTHER (specify)	
		MEDICAL		FINANCE		<input checked="" type="checkbox"/> Records Management	
4. NO. OF COPIES PREPARED 2		5. FREQUENCY (weekly, monthly, quarterly, etc.) Quarterly				6. DISTRIBUTION (No. of components not number of copies) 2	
7. FORMAT (memorandum, form, computer print-out, etc.) Memorandum		8. ADP PROCESSING <input checked="" type="checkbox"/> YES IF YES GIVE ADP PROCESSING NO. <input checked="" type="checkbox"/> NO				9. DIRECTIVE AUTHORITY REQUIRING REPORT OFI 52	
10. PREPARING COMPONENT (include lowest level contributing information to report) Office of Finance				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) Reports from Divisions and Staffs of the Office of Finance			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR
Consolidation of all detailed forms attached.							\$ 352.06
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$ 352.06	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (In addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. Overall Agency requirement which is part of our Records Management Program.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input type="checkbox"/> RETAIN AS IS <input checked="" type="checkbox"/> OTHER (explain) Future is dependent upon Agency policy.						MAN-HOURS	
<input type="checkbox"/> CHANGE						DOLLARS	
<input type="checkbox"/> DISCONTINUE							
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION Approved For Release 2006/11/13 : CIA-RDP75-00399R000100100006-0					18. EXTENSION

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REPORTS INVENTORY						CONTROL NO.
PREPARE IN DUPLICATE						
1. TITLE OF REPORT (If a fill-in report include Form No.)					2. TYPE OF REPORT	<input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING
Quarterly Report--Records Disposition						
3. FUNCTIONAL AREA	PERSONNEL		TRAINING		ADMIN. GENERAL	
	LOGISTICS		SECURITY		OTHER (specify)	
	MEDICAL		FINANCE		<input checked="" type="checkbox"/> Records	
4. NO. OF COPIES PREPARED	5. FREQUENCY (weekly, monthly, quarterly, etc.)				6. DISTRIBUTION (No. of components not number of copies)	
4	Quarterly				1	
7. FORMAT (memorandum, form, computer print-out, etc.)	8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT		
Memorandum	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES GIVE ADP PROCESSING NO.		OFI-52	
10. PREPARING COMPONENT (include lowest level contributing information to report)			11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
PSAD						
12. COST FACTORS						
A. MANUAL PREPARATION AND REVIEW COSTS						
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/> TIMES PREPARED = COST PER YEAR
GS-07	\$ 4.41		4	=	\$ 17.64	4 = \$ 70.56
B. COSTS OF COMPUTER PRODUCED REPORTS						
TOTAL COSTS PER YEAR						\$ 70.56
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (In addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.						
14. FUTURE GOALS						
GOAL PROPOSED BY COMPONENT FOR THIS REPORT					ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE					<input type="checkbox"/> OTHER (explain)	
					MAN-HOURS	DOLLARS
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION
		Approved For Release 2006/11/13 : CIA-RDP75-00399R000100100006-0				

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REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (If a fill-in report include Form No.) Destruction Report						2. TYPE OF REPORT <input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL LOGISTICS MEDICAL		TRAINING SECURITY FINANCE		ADMIN. GENERAL OTHER (specify)	
4. NO. OF COPIES PREPARED 3		5. FREQUENCY (weekly, monthly, quarterly, etc.) Quarterly				6. DISTRIBUTION (No. of components not number of copies) 1	
7. FORMAT (memorandum, form computer print-out, etc) Memorandum		8. ADP PROCESSING YES <input type="checkbox"/> IF YES GIVE ADP PROCESSING NO. NO <input checked="" type="checkbox"/>		9. DIRECTIVE AUTHORITY REQUIRING REPORT OFI-52			
10. PREPARING COMPONENT (include lowest level contributing information to report) C&TD				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) All Branches of C&TD			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR
GS-08	\$4.70		3		\$14.10		4 \$ 56.40
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$ 56.40	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. Agency policy - OFI 52.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT <input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain) <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE						ESTIMATED SAVINGS MAN-HOURS DOLLARS	
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION					18. EXTENSION

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REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (if a fill-in report include Form No.) Volume of Records Destroyed						2. TYPE OF REPORT <input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		ADMIN. GENERAL OTHER (specify)	
		LOGISTICS		SECURITY			
		MEDICAL		<input checked="" type="checkbox"/> FINANCE			
4. NO. OF COPIES PREPARED 4		5. FREQUENCY (weekly, monthly, quarterly, etc.) Quarterly				6. DISTRIBUTION (No. of components not number of copies) 1	
7. FORMAT (memorandum, form, computer print-out, etc) Memorandum		8. ADP PROCESSING				9. DIRECTIVE AUTHORITY REQUIRING REPORT Records Control SCH 31-69	
		YES <input type="checkbox"/> IF YES GIVE ADP PROCESSING NO. NO <input checked="" type="checkbox"/>					
10. PREPARING COMPONENT (include lowest level contributing information to report) Individual				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) Oral from Employees			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR
GS-07	\$3.89		1	=	\$3.89		4 = \$15.56
B. COSTS OF COMPUTER PRODUCED REPORTS							
				=			
TOTAL COSTS PER YEAR						\$15.56	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. Another cog in the Records Management Program.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT <input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain) <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE						ESTIMATED SAVINGS	
						MAN-HOURS	DOLLARS
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION					18. EXTENSION

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REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (If a fill-in report include Form No.) Report of Records Destroyed						2. TYPE OF REPORT	
						<input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		ADMIN. GENERAL	
		LOGISTICS		SECURITY		OTHER (specify)	
		MEDICAL		<input checked="" type="checkbox"/> FINANCE			
4. NO. OF COPIES PREPARED 2		5. FREQUENCY (weekly, monthly, quarterly, etc.) Quarterly				6. DISTRIBUTION (No. of components not number of copies) 2	
7. FORMAT (memorandum, form computer print-out, etc) Memorandum		8. ADP PROCESSING				9. DIRECTIVE AUTHORITY REQUIRING REPORT	
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES GIVE ADP PROCESSING NO.		OFI 52	
10. PREPARING COMPONENT (include lowest level contributing information to report) S&AS/Accts. Div.				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) Individual Sections Reports			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR
GS-04	\$2.81		3/10*		\$ 1.40		4 = \$ 9.60
* Preparing and typing							
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$ 9.60	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. Records management requirement.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain)						MAN-HOURS DOLLARS	
<input type="checkbox"/> CHANGE							
<input type="checkbox"/> DISCONTINUE							
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION					18. EXTENSION
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REPORTS INVENTORY						CONTROL NO.													
PREPARE IN DUPLICATE																			
1. TITLE OF REPORT (if a fill-in report include Form No.) Reports of Records Destroyed						2. TYPE OF REPORT <input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING													
3. FUNCTIONAL AREA		PERSONNEL LOGISTICS MEDICAL		TRAINING SECURITY <input checked="" type="checkbox"/> FINANCE		ADMIN. GENERAL OTHER (specify)													
4. NO. OF COPIES PREPARED 2		5. FREQUENCY (weekly, monthly, quarterly, etc.) Quarterly				6. DISTRIBUTION (No. of components not number of copies) 1													
7. FORMAT (memorandum, form, computer print-out, etc.) Memorandum		8. ADP PROCESSING <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">YES</td> <td style="width:50%; text-align: center;">IF YES GIVE ADP PROCESSING NO.</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;">NO</td> </tr> </table>				YES	IF YES GIVE ADP PROCESSING NO.	<input checked="" type="checkbox"/>	NO	9. DIRECTIVE AUTHORITY REQUIRING REPORT									
YES	IF YES GIVE ADP PROCESSING NO.																		
<input checked="" type="checkbox"/>	NO																		
10. PREPARING COMPONENT (include lowest level contributing information to report) Monetary Division				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)															
12. COST FACTORS																			
A. MANUAL PREPARATION AND REVIEW COSTS																			
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR												
GS-07	\$3.89		1/2		\$1.94		4 = \$ 7.76												
B. COSTS OF COMPUTER PRODUCED REPORTS																			
TOTAL COSTS PER YEAR						\$ 7.76													
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. Agency Requirement																			
14. FUTURE GOALS																			
GOAL PROPOSED BY COMPONENT FOR THIS REPORT <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width:40%;">RETAIN AS IS</td> <td style="width:40%; text-align: center;"><input type="checkbox"/></td> <td style="width:20%;">OTHER (explain)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>CHANGE</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>DISCONTINUE</td> <td></td> <td></td> </tr> </table>						<input checked="" type="checkbox"/>	RETAIN AS IS	<input type="checkbox"/>	OTHER (explain)	<input type="checkbox"/>	CHANGE			<input type="checkbox"/>	DISCONTINUE			ESTIMATED SAVINGS	
<input checked="" type="checkbox"/>	RETAIN AS IS	<input type="checkbox"/>	OTHER (explain)																
<input type="checkbox"/>	CHANGE																		
<input type="checkbox"/>	DISCONTINUE																		
						MAN-HOURS	DOLLARS												
						-0-	-0-												
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION Approved For Release 2006/11/13 : CIA-RDP75-00399R000100100006-0					18. EXTENSION												

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REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (If a fill-in report include Form No.) Records Destroyed					2. TYPE OF REPORT		<input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		ADMIN. GENERAL	
		LOGISTICS		SECURITY		OTHER (specify)	
		MEDICAL		FINANCE		<input checked="" type="checkbox"/> Records	
4. NO. OF COPIES PREPARED 2		5. FREQUENCY (weekly, monthly, quarterly, etc.) Quarterly			6. DISTRIBUTION (No. of components not number of copies) 2		
7. FORMAT (memorandum, form computer print-out, etc.) Memorandum		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT		
		<input type="checkbox"/> YES IF YES GIVE ADP PROCESSING NO. <input checked="" type="checkbox"/> NO			OFI 52		
10. PREPARING COMPONENT (include lowest level contributing information to report) OF/Registry				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR
GS-07	\$4.28		1/4	=	\$ 1.07		4 \$ 4.28
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$ 4.28	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (In addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
RETAIN AS IS <input checked="" type="checkbox"/> OTHER (explain) These quarterly reports are used to compile and report to the CIA Records office an annual report of records destroyed.						MAN-HOURS	DOLLARS
CHANGE							25X
DISCONTINUE							
16. DATE OF INVENTORY 29 Sept 1970		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION C/O OF/Registry				18. EXTENSION	

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REPORTS INVENTORY					CONTROL NO.	
PREPARE IN DUPLICATE						
1. TITLE OF REPORT (If a fill-in report include Form No.) Volume Report of Records Destroyed				2. TYPE OF REPORT	<input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA	<input type="checkbox"/> PERSONNEL	<input type="checkbox"/> TRAINING	ADMIN. GENERAL OTHER (specify) Admin.			
	<input type="checkbox"/> LOGISTICS	<input type="checkbox"/> SECURITY				
	<input type="checkbox"/> MEDICAL	<input type="checkbox"/> FINANCE				
4. NO. OF COPIES PREPARED 4	5. FREQUENCY (weekly, monthly, quarterly, etc.) Quarterly			6. DISTRIBUTION (No. of components not number of copies) 2		
7. FORMAT (memorandum, form computer print-out, etc) Memorandum	8. ADP PROCESSING <input type="checkbox"/> YES IF YES GIVE ADP PROCESSING NO. <input checked="" type="checkbox"/> NO			9. DIRECTIVE AUTHORITY REQUIRING REPORT OFI No. 52, Revised		
10. PREPARING COMPONENT (include lowest level contributing information to report) PPS			11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) Reports from PPS Staff Members			
12. COST FACTORS						
A. MANUAL PREPARATION AND REVIEW COSTS						
GRADE	HOURLY RATE	<input checked="" type="checkbox"/> HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/> TIMES PREPARED = COST PER YEAR	
GS-07	\$ 4.15	1/4	=	\$ 1.03	4 = \$ 4.12	
B. COSTS OF COMPUTER PRODUCED REPORTS						
TOTAL COSTS PER YEAR					\$ 4.12	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. OFI 52, revised, dated 20 June 1969. Other information unknown						
14. FUTURE GOALS						
GOAL PROPOSED BY COMPONENT FOR THIS REPORT <input type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain) <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE				ESTIMATED SAVINGS MAN-HOURS DOLLARS		
16. DATE OF INVENTORY 23 Sept. 1970	17. NAME AND TITLE OF PERSON FURNISHING INFORMATION C/PPS				18. EXTENSION 25X1	